



Conference Registration

October 8-10, 2003
Tan-Tar-A Osage Beach

Please print.

Last Name: _____

First Name: _____

Badge Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

3 Ways to Register!

- ON-LINE at:
www.ded.state.mo.us/wfd
- FAX to:
573.751.4088
- MAIL to:
Missouri Div. of Workforce Development
Attn: Workforce Development Conference
P.O. Box 1087
Jefferson City, MO 65102-1087

Questions?

Contact Lori James via e-mail at
ljames@wfd.state.mo.us,
or by telephone at 573.751.2816.



If you have special physical or dietary needs and require accommodation,
please contact Lori James via e-mail at ljames@wfd.state.mo.us or by telephone at 573.751.2816.

Substitutions: If you are unable to attend the Conference, you may transfer your registration to another person. Substitutions must be made in writing. Individuals should complete and submit a new registration form and indicate the person that is being replaced.

Cancellations: All cancellations must be made in writing and received by October 1, 2003. All cancellations received will be refunded less a \$75 administrative fee. No refunds will be given after October 1, 2003. Any registered attendee who does not submit a cancellation and does not attend the Conference is required to pay their balance in full.

Conference Registration Fees

- | | | |
|---|-------|----------------------------------|
| <input type="checkbox"/> Early Registration | \$150 | Received by September 8, 2003 |
| <input type="checkbox"/> Late Registration | \$210 | Received after September 8, 2003 |
| <input type="checkbox"/> On-Site Registration | \$300 | |

Conference registration includes access to all conference activities, meals and workshops.

One-Day Registration ☐ \$125 (October 9) ☐ \$125 (October 10)

Includes access to a single day of conference activities, meals and workshops.

Spouse / Guest Fee ☐ Thursday Luncheon \$20

Spouse / Guest Name: _____

For organizations wishing to make group registrations, please photocopy this form.

Method of Payment:

- ☐ Check enclosed made payable to **Friends of the Missouri Women's Council**
(Federal Tax I.D. No.: 43-1701418)
- ☐ Please Invoice Purchase Order Number: _____
- ☐ Total Enclosed / Invoiced \$ _____